

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

APR 20 2006
OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>7110</u>	2 Fiscal Year Covered From <u>01 / 01 / 05</u> Through <u>12 / 31 / 05</u>
3 Name and address of person filing Name <u>Robert M Scott</u> P O Box Bldg Room No if any _____ Street <u>10449 34TH SW</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98146</u>	4 Name file number and address of labor organization Name <u>Shipwrights Union Local #1184</u> Labor Organization File Number <u>047797</u> P O Box Building and Room Number if any _____ Street <u>2415 Western Avenue</u> City <u>Seattle WA 98121</u> State <u>Washington</u> ZIP Code + 4 <u>98121</u>
5 Position in labor organization _____	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

Robert M Scott

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Robert M Scott

On

3/30/06

Date

206-441-8266

Telephone Number

Name of Person Filing Robert M Scott	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	11 b Approximate dollar value of such dealing <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
	12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12 b Amount <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Pacific Coast Shipyard Metal Trades Trust Trade Name if any _____ P O Box Bldg Room No if any _____ Street 5 Third Street Suite #525 City San Francisco State California ZIP Code + 4 94103-3202	14 a Nature of payment Quarterly Trust Meetings Flights meals and Hotel stays
13 b Is the Business an Employer _____ or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment Total 490 45

Bob Scott
Expenses Paid by Pacific Coast Shipyards Metal Trades Trust in 2005

<u>Expenses Reimbursed</u>	<u>Payment Date</u>	<u>Amount</u>	<u>Total</u>
Reno	6/8/2005	\$ 123 85	
Seattle	8/18/2005	\$ 63 00	
Subtotal		\$ 186 85	
 <u>Hotel Expenses Paid by Trust</u>			
Las Vegas 2/05		\$ 200 56	
Reno 5/05		\$ 103 04	
Subtotal		\$ 303 60	
 Total			 \$ 490 45